

JPW

Modified Version of PTO/SB/21

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/779529
		Filing Date	2/13/2004
		First Named Inventor	Daniel V. Palanker
		Art Unit	3739
		Examiner Name	Vrettakos, Peter J.
Total Number of Pages in This Submission	3	Attorney Docket Number	S02-314/US

ENCLOSURES (<i>Check all that apply</i>)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC <i>(Appeal Notice, Brief, Reply Brief)</i>	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other (<i>Specified below</i>)	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, <i>Number of CD(s)</i> _____		
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: _____ _____ _____ _____		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE	<i>Robert Lodenkamper</i>		
PRINTED NAME	Robert Lodenkamper		
DATE	2/10/06	REGISTRATION NUMBER	55,399

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	<i>Sylvia Lee</i>
PRINTED NAME	Sylvia Lee
DATE	2/10/06

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



THE US PATENT AND TRADEMARK OFFICE

In re Application of:

Daniel V. Palanker et al. Art Unit: 3739

Serial No: 10/779,529

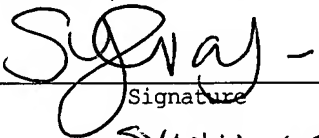
Examiner: Vrettakos, Peter J.

Filed: 2/13/2004

Confirmation number: 5591

Docket number: S02-314/US

For: Electrosurgical System with Uniformly Enhanced Electric
Field and Minimal Collateral Damage

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria VA, 22313-1450 on	
 Signature	<u>2/10/06</u> date of deposit
<u>SYLVIA LEE</u> Name of Person Signing	

Commissioner for Patents

PO Box 1450, Alexandria VA 22313-1450

Sir:

Applicant replies to the Office Action mailed 1/12/2006 as
follows:

Detailed action: restriction

A restriction requirement is made between group I (claims 1-27, drawn to an apparatus) and group II (claims 28-34, drawn to a method).

Group I (claims 1-27) is elected.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Robert Lodenkamper", with a long horizontal flourish extending to the right.

Robert Lodenkamper
Reg. No. 55,399
LUMEN Intellectual Property Services
2345 Yale Street, 2nd Floor
Palo Alto, CA 94306-1429
Phone: (650) 424-0100
Fax: (650) 424-0141